



MOUNTAINS RECREATION & CONSERVATION AUTHORITY

Los Angeles River Center and Gardens
570 West Avenue Twenty-six, Suite 100
Los Angeles, California 90065
Phone (323) 221-9944 Fax (323) 221-9934

APPLICATION FOR EMPLOYMENT

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(EXACT TITLE AS SHOWN ON JOB BULLETIN)

INSTRUCTIONS

Read the job bulletin to determine if you meet the requirements. Print in ink or use typewriter. Complete all sections completely and accurately. The application will be used during the examination interview. Include any additional information pertaining to your qualifications for the position. False statements are cause for rejection of the application, removal of name from eligibility list or disciplinary action up to and including termination. All information is subject to verification.

CONDITIONS OF EMPLOYMENT

- If hired, applicant
- Must submit proof of U.S. citizenship or legal right to remain and work in the United States.
 - May be required to pass a physical examination.
 - May be fingerprinted.

An applicant may also be required to pass a urine test for substance abuse before employment commences.

APPLICANT ALSO UNDERSTANDS THAT IF HIRED WITH THE MRCA THE POSITION IS AT-WILL AND MAY BE TERMINATED AT THE OPTION OF EITHER THE MRCA OR EMPLOYEE AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITHOUT ADVANCE NOTICE.

PERSONAL INFORMATION

NAME		SOCIAL SEC. NO. (OPTIONAL)	
CURRENT ADDRESS Street	City	State	Zip
HOME TELEPHONE	BUSINESS TELEPHONE		
DRIVERS LICENSE NO.	STATE	EXPIRES	TYPE
DO YOU HAVE ANY RELATIVES WORKING FOR MOUNTAINS RECREATION AND CONSERVATION AUTHORITY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHOM?		WHICH DIVISION?	
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE VERIFY WITH INITIALS <input type="checkbox"/>			
If the answer is yes please explain: (If additional space is needed, please use separate sheet.)			

EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE/GED CERTIFICATE YES ☐ NO ☐ PLEASE VERIFY WITH INITIALS ☐
NO, CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

College, Business or Trade Schools Attended Name & Location (City)	Course of Study	Credit Earned	Degree
	Major	Qtr <input type="checkbox"/> Sem <input type="checkbox"/> Hours _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____
	Major	Qtr <input type="checkbox"/> Sem <input type="checkbox"/> Hours _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____

AN EQUAL OPPORTUNITY, AFFIRMATIVE ACTION EMPLOYER

	Major	Qtr <input type="checkbox"/> Sem <input type="checkbox"/> Hours _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____

A RESUME WILL NOT SUBSTITUTE FOR THIS SECTION

EMPLOYMENT HISTORY
List all periods of employment for the last ten years, beginning with the most recent. Include volunteer, military or other special experience if applicable (attach additional sheets as necessary)

Employer			Job Title
Address	From Mo Yr	To Mo Yr	Duties
City	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Hours Worked/Volunteered Per Week _____		
State Zip			
Telephone			
Supervisor			
Reason for Leaving			May we contact? Why Not?

Employer			Job Title
Address	From Mo Yr	To Mo Yr	Duties
City	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Hours Worked/Volunteered Per Week _____		
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State Zip			
Telephone			
Supervisor			
Reason for Leaving			May we contact? Why Not?

REFERENCES OTHER THAN THOSE LISTED ABOVE			
NAME	ADDRESS CITY STATE	PHONE	RELATIONSHIP
NAME	ADDRESS CITY STATE	PHONE	RELATIONSHIP

NAME	ADDRESS	CITY	STATE	PHONE	RELATIONSHIP
ADDITIONAL INFORMATION					
Professional training, conferences and workshops attended related to the position (use separate sheet if necessary).					
Professional or Trade License, Certification or Registrations:					
TYPE	LICENSE NO.	STATE	EFFECTIVE DATE:	FROM:	TO:

CERTIFICATION OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OF MATERIAL FACTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

I FURTHER UNDERSTAND THAT IF HIRED MY EMPLOYMENT WITH THE MRCA IS AT-WILL AND MAY BE TERMINATED AT THE OPTION OF EITHER THE MRCA OR ME AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITHOUT ADVANCE NOTICE.

SIGNATURE _____ DATE _____

READ CAREFULLY BEFORE SIGNING BELOW

The following AUTHORIZATION AND RELEASE has been prepared to expedite background inquiries on employment applications. You are not required to sign this form in order to have your application considered. However, failure to sign may impede the ability of MRCA to obtain information pertinent to your qualifications for employment.

Authorization and Release

I, _____, hereby specifically authorize and direct any previous or current employers to release to the Human Resources Office of the Mountains Recreation and Conservation Authority, any and all information of whatever kind possessed by them, in either verbal or written form, as Mountains Recreation and Conservation Authority may request regarding myself, including opinions as to job performance, character, competency, honesty, ability, work injuries and safety record, and any and all records related to me personally, which may have been kept either public or private. I understand and acknowledge that this authorization will permit positive as well as negative information to be released to the Human Resources Office of the Mountains Recreation and Conservation Authority described above and the release of negative information may adversely impact my being hired by the same.

I hereby release Mountains Recreation and Conservation Authority and its officers, agents, representatives, and employees and hold them harmless from any and all liability for the use of any and all of the foregoing information, in consideration for being reviewed for the aforesaid position. I further release any previous or current employers from liability or damage which may result from furnishing the information requested. I also request that a copy of this release be treated as conveying the same authority as the original.

 Signature

 Date

For Personnel Use Only